

Colorado Master's Running / Racewalking Association
Request for Payment or Reimbursement

Person requesting payment _____ Date _____

Check Payable to:

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

Budget Item:	Awards	\$ _____
	Board Expense	\$ _____
	Brochure	\$ _____
	Event Expense (receipts)	\$ _____
	Gifts	\$ _____
	Insurance / Sanction	\$ _____
	Meeting / Banquet	\$ _____
	Merchandise Purchase	\$ _____
	Newsletter printing	\$ _____
	Office / Registration supplies	\$ _____
	Porta Pots	\$ _____
	Postage (USPS Receipt)	\$ _____
	Race Equipment	\$ _____
	Venue Permits	\$ _____
	Other / misc (list / receipts)	\$ _____

APPROVALS: (must be submitted to President or Vice President before submitting to Treasurer for payment) Attach all receipts

ALL PAYMENTS FOR OVER \$250.00 MUST HAVE TWO APPROVALS

CMRA PRESIDENT _____ DATE _____

CMRA VICE PRESIDENT _____ DATE _____

CMRA BOARD MEMBER _____ DATE _____

(payment will be made within 15 days of submission)

REVISED 11/01/2009